



Bureau of Professional Licensing  
 PO Box 30670 • Lansing, MI 48909  
 Telephone: (517) 241-7500  
[www.michigan.gov/bpl](http://www.michigan.gov/bpl)  
[BPL-BoardSupport@michigan.gov](mailto:BPL-BoardSupport@michigan.gov)

## VOLUNTEER DENTAL SPONSOR APPLICATION

Authority: Public Act 368 of 1978, as amended.

**Application and supporting documentation should be submitted electronically to [BPL-BoardSupport@michigan.gov](mailto:BPL-BoardSupport@michigan.gov)**

Sponsor Name		
Sponsor Street Address		
City	State MI	Zip Code
Contact Person	Phone Number	Email Address
What type of program does the sponsor represent?  Public or non-profit entity _____ Program _____ Event _____ School _____ Nursing home _____		
Does the sponsor provide dental services to indigent or dentally underserved populations? Yes _____ No _____		
Have any member(s) of this organization been subject to any past/present disciplinary action? Yes _____ No _____		
All certificates should show the following for use in Michigan for continuing education credit: <ul style="list-style-type: none"> <li>• Name of the sponsoring organization.</li> <li>• Continuing education approval number issued by the Board of Dentistry.</li> <li>• Dates and times of volunteer services.</li> <li>• Number of continuing education hours earned.</li> <li>• Signature of the individual responsible for attendance.</li> <li>• Dates of the current approval term.</li> <li>• Name of the participant</li> </ul>		
<b>Required Additional Documents – submit via email to <a href="mailto:BPL-BoardSupport@michigan.gov">BPL-BoardSupport@michigan.gov</a></b> <ul style="list-style-type: none"> <li>• Sample attendance documents.</li> <li>• Sample completion certificate.</li> </ul>		

**CERTIFICATION AND SIGNATURE**

I hereby certify that the statements made in this application are true, complete, and correct, and the materials submitted accurately reflect the presentation and administration of this continuing education program. I further certify that if volunteer sponsor approval is granted by the Board of Dentistry, accurate, permanent individual records will be maintained. Written evidence of attendance containing the approval number assigned to the sponsor shall be provided to each participating volunteer.

If not signed and dated, your application will not be complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Date